



Supplemental Application Data Sheet

APPLICATION INFORMATION

Application Number::	10776844
Filing Date::	02/11/04
Application Type::	Regular
Subject Matter::	Utility
Title::	Fullerene (C ₆₀) Vancomycin Conjugates As Improved Antibiotics
Attorney Docket Number::	1789-12301
Suggested Drawing Figure::	2
Total Drawing Sheets::	2
Small Entity?::	YES

APPLICANT INFORMATION

Applicant Authority type::	Inventor
Primary Citizenship	
Country::	US
Status::	Full Capacity
Given Name::	Lon J.
Family Name::	Wilson
Name Suffix::	
City of Residence::	Houston
State or Province of Residence::	TX
Country of Residence::	US
Street of mailing address::	7725 Windward Passage
City of mailing address::	Houston
State or Province of mailing address::	TX
Country of mailing address::	US

Postal or Zip Code of
mailing address:: 77072

Applicant Authority type:: Inventor
Primary Citizenship
Country:: Russian Federation
Status:: Full Capacity
Given Name:: Andrey L.
Family Name:: Mirakyan
Name Suffix::
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 2232 Troon Rd.
City of mailing address:: Houston
State or Province of
mailing address:: TX
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 77019

Applicant Authority type:: Inventor
Primary Citizenship
Country:: US
Status:: Full Capacity
Given Name:: Matthew P.
Family Name:: Cubbage
Name Suffix::
City of Residence:: New York
State or Province of Residence:: N.Y.

Country of Residence:: US
Street of mailing address:: 305 Second Avenue, Apt. 331
City of mailing address:: New York
State or Province of
mailing address:: N.Y.
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 10003

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23505

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23505

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/446,406	02/11/2003

ASSIGNEE INFORMATION

Assignee name:: William Marsh Rice University
Street of mailing address:: 6100 Main Street
City of mailing address:: Houston
State or Province of
mailing address:: TX
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 77005